

Sep. 28. 2012 2:31PM IVY HALL NURSING HOME  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

45\* 10/27/12 No. 4243 P. 16  
MINIL. 10/13/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445077	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01-MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  09/11/2012
NAME OF PROVIDER OR SUPPLIER  UNICOICO NURSING HOME		STREET ADDRESS, CITY, ST./IE. ZIP CODE 100 GREENWAY CIRCLE ERWIN, TN 37650	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  DATE

K029 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=D

K029

One hour fire rated construction (with % hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by:  
Based on observation and interview, the facility failed to assure hazardous area 's one (1) hour fire rated construction is maintained.

The findings include:

Observation and interview with the Safety Officer and Maintenance Director, on September 11, 2012 at 2:00p.m. confirmed the soiled linen room 1-hour rated wall had a damaged cinderblock wall above ceiling.

Based on observation and interview, the facility failed to assure rooms larger than 50 square feet, used to store combustible materials, were provided with door closers.

The findings include:

Observation and interview with the Safety Officer and Maintenance Director, on September 11, 2012 at 1:15p.m. confirmed the 100 hall shower rooms were used for combustible storage and were not provided with door closers (NFPA 101,

K029

- 1-hour rated wall was corrected on 9/12/2012

Completion Date: 9/12/12

- Items were removed from the 100 hall shower room on 9/10/12.

Completion Date: 9/12/12

Monitoring

DON will monitor monthly for PI for 3 months.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Patricia C. Gentry*

TITLE

*Administrator*

(X5) DATE

*9/28/12*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445077	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  09/11/2012
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NAME OF PROVIDER OR SUPPLIER  
 UNICOICO NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE  
 100 GREENWAY CIRCLE  
 ERWIN, TN 37650

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K029 Continued From page 1

K029

19.3.2.1 (7).

These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 11, 2012.

K050 NFPA 101 LIFE SAFETY CODE STANDARD  
 SS=F

K050

Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2

This STANDARD is not met as evidenced by:  
 Based on observation and interview, the facility failed to assure the staff was familiar with their fire plan procedures.

The findings include:

Observation during a fire drill conducted on September 11, 2012 at 3:00p.m. confirmed the fire alarm was not sounded for 1-1/2 minutes. There was confusion among the staff on who needed to sound the fire alarm. Interview with the Safety Officer and Maintenance Director revealed they had been initiating their fire drills by sounding the fire alarm and the staff had not practiced that during their drills.

This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 11, 2012.

K050

- Fire drill education was conducted on 9/17/2012 and 9/20/201.

Completion Date: 9/20/12

- Fire drill with alarm pull was conducted on 9/19/2012.

Completion Date: 9/19/12

**Monitoring**

Fire drills will be conducted once per quarter per shift. Life Safety Coordinator to monitor for PI x 1 year.

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NAME OF PROVIDER OR SUPPLIER  UNICOICO NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 100 GREENWAY CIRCLE ERWIN, TN 37850
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K 051 NFPA 101 LIFE SAFETY CODE STANDARD  
 SS=F

A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6

K 051

K051

- Smoke Detector Sensitivity was tested satisfactory on 9/27/12.

Completion Date: 9/27/12

Monitoring  
 Monitored per state requirements

This STANDARD is not met as evidenced by:  
 NFPA 72, 7-3.2.1 Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5

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K051 Continued From page 3

K051

years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. Based on record review, the facility failed to assure smoke detectors were tested for sensitivity every two (2) years (NFPA 72-7-3.2.1). The findings include:  
Record review on September 11, 2012 at 3:50 p.m confirmed there was no documentation to demonstrate the smoke detectors in the facility had been tested for sensitivity since 4-11-2008. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 11, 2012.